

Ending Homelessness

for People With Mental Illnesses and Co-Occurring Disorders

HOMELESSNESS IS A GROWING SOCIAL INJUSTICE IN THE UNITED STATES. ON ANY GIVEN NIGHT, APPROXIMATELY 600,000 AMERICANS ARE HOMELESS AND MORE THAN 2 MILLION PEOPLE ARE HOMELESS THROUGHOUT THE YEAR.¹ ACCORDING TO CONSERVATIVE ESTIMATES, ONE-THIRD OF PEOPLE WHO ARE HOMELESS HAVE SERIOUS MENTAL ILLNESSES, AND MORE THAN ONE-HALF ALSO HAVE SUBSTANCE USE DISORDERS.²

DESPITE THE GRIM STATISTICS, STUDIES SHOW THAT SUPPORTED HOUSING IS AN EFFECTIVE OPTION FOR COMMUNITIES WORKING TO MEET THE NEEDS OF PEOPLE WITH MENTAL HEALTH DISORDERS WHO ARE HOMELESS. IN FACT, PEOPLE WHO ARE HOMELESS AND HAVE MENTAL ILLNESSES OR CO-OCCURRING DISORDERS ARE MORE LIKELY TO RECOVER AND STAY OFF THE STREETS IF THEY HAVE ACCESS TO SUPPORTED HOUSING PROGRAMS.³ SUPPORTED HOUSING OFFERS STABLE HOMES AND SERVICES SUCH AS MENTAL AND PHYSICAL HEALTH TREATMENT, SUPPORTED EDUCATION AND EMPLOYMENT, PEER SUPPORT, DAILY LIVING SKILLS TRAINING AND MONEY MANAGEMENT INSTRUCTION.



WHAT MAKES A PROGRAM SUCCESSFUL?

Many supported housing programs offer people a place to sleep, but effective programs for people who are homeless and have mental illnesses or co-occurring disorders share several crucial elements:

Access to Diverse Funding Streams Accessing funding, deciphering funding application requirements, and understanding a fragmented funding and services system are just a few of the obstacles communities face when trying to secure funding for supported housing. To successfully expand housing and service options, it is vital to leverage funding from various sources such as Mental Health Services Block Grant and McKinney-Vento Homeless Assistance Funds.

Outreach and Engagement Outreach and engagement workers attempt to build trust in neutral settings with people who are homeless. Although experts admit that some people who are homeless may initially view outreach workers as intrusive and suspect, they also contend that through continued face-to-face contact, outreach workers eventually build a sense of trust with clients that is essential to successfully linking them to effective treatment and support services.⁴

Reintegration People who are homeless and have mental illnesses should have access to the same opportunities as anyone else. This includes access to education, job training and housing opportunities that enable people to live, work and become fully participating members of the community. Although some people who are accustomed to living on the street may find reintegration difficult, access to appropriate services can help them successfully reintegrate into their communities.

Choice The freedom to make treatment and service choices is vital to making a successful transition from homelessness to housing. It is important to respect people's decisions, to move at their pace, and to provide a variety of treatment options.

Flexibility Providers can best help service recipients by offering an array of flexible treatment options that are designed to serve the largest number of people who have a variety of treatment needs. For example, some people may live independently but decide they feel more comfortable receiving services at home. A mobile team of healthcare workers, case managers and daily living skills trainers should be available to meet these types of requests. Flexibility involves eliminating the traditional one-size-fits-all approach to health care.

WHAT ARE SOME HOUSING OPTIONS?

According to experts, a true supported housing program is defined by three principles: (1) people must live as members of the community in integrated, stable housing – not in mental health programs; (2) people must receive flexible services and supports that help maximize their opportunities for success

over time; and (3) people must be free to exercise choices regarding their housing and support services.⁵

Many housing options across the country value and respect individual choice. Although not all of them are considered “true” supported housing, many do serve as viable options.

Safe Havens Safe Havens incorporate aspects of the supported housing philosophy. They serve hard-to-reach people who are homeless and have mental illnesses or co-occurring disorders but are unable or unwilling to participate in support services. The Stewart B. McKinney Homeless Assistance Act, the first and most extensive piece of homeless legislation, has specified that Safe Havens include the following features: (1) 24-hour residence for eligible people who may reside for an unspecified period of time; (2) private or semi-private accommodations; (3) overnight occupancy that is limited to 25 people; (4) access to low-demand services and referrals; and (5) access to supportive services on a drop-in basis for eligible people who are not residents.

Transitional Housing Transitional housing provides services for limited periods of time (usually up to two years), including housing, food, transportation, training and psychiatric services, with the goal of moving residents into long-term housing. Transitional housing raises concerns about the fate of people who grow accustomed to living in one home but must transition to different housing to receive more or less intensive services. When making decisions about implementing or expanding housing options, communities should consider the following aspects of transitional housing: (1) program participants may plateau at a stage of recovery in an effort to remain in their current housing, (2) people may be moved from one housing program to another to receive less intensive services before they are fully prepared to do so, and (3) recovery and wellness are not always linear and predictable, which could lead to many “transitional” moves.

Designated Apartments Designated apartment buildings usually have eight to 25 individual rental apartments that are available only to people who meet specific qualifications. For example, some apartments may be available only to people who are homeless and have mental illnesses. Support services may be available on the property site or elsewhere in the community. Designated living has become increasingly popular as individual apartment units have become more difficult to obtain due to high rents and tight rental markets. Many people who need less intensive support than in-patient care but more support than complete independent living often feel comfortable in this living arrangement.

Independent Living Many people who have mental illnesses live independently in the community. This includes people who rent apartments or condominiums as well as those who

own homes. Independent living truly qualifies as supported housing because the living situation is not of limited duration, people live in places that are not designated for a specific type of population, and people may choose the services they want. NMHA envisions a society in which all people with psychiatric disabilities and co-occurring disorders have the option of living independently and being fully integrated in their communities.

HOW CAN WE BRING SUPPORTED HOUSING TO OUR COMMUNITIES?

- ◆ Convene a coalition of stakeholders including consumers and family members. Work collaboratively to create a plan for eliminating homelessness through improved housing and support services.
- ◆ Ask the state to appoint a task force—that includes consumers and stakeholders—to make concrete recommendations for improving services for people who are homeless.
- ◆ Advocate for increased federal and state funding to expand supported housing options.
- ◆ Research local foundations that fund programs designed to eliminate homelessness and apply for grants.
- ◆ Educate state governments about the cost-effectiveness of supported housing programs compared to the high costs of homelessness (see NMHA's fact sheet, "Homelessness: Reviewing the Facts" at <http://www.nmha.org/homeless/homelessnessfacts>).
- ◆ Participate on state planning councils that determine how mental health funding is spent.

WHERE CAN WE APPLY FOR FUNDING?

Various sources fund housing programs and support services that are designed to assist people with mental illnesses or co-occurring disorders who are homeless. Nonprofit organizations can apply directly for some funding to support such programs and activities, but other funding sources require advocacy efforts to ensure that public community entities apply for the funding. The Department of Housing and Urban Development (HUD), for example, is a major provider for supportive housing programs but is not the sole source of funding in this area. The following list of funding sources will help you get started.

HUD—Shelter Plus Care (S+C)

S+C provides rental assistance combined with social service supports for people who are homeless and have disabilities—particularly for those who have serious mental illnesses, substance use disorders, and AIDS or related diseases, and their families. S+C supports a variety of housing options such as apartments, group homes and individual units for those who do not have families.

For more information, visit
www.hud.gov/offices/cpd/homeless/programs/splusc/index

HUD—The Supportive Housing Program (SHP)

SHP provides supportive housing and/or supportive services to people who are homeless. SHP funds can be used to create transitional housing, to implement permanent supportive housing for people who have disabilities, and to provide supportive services that are not provided in conjunction with SHP-funded housing.

For more information, visit
www.hud.gov/offices/cpd/homeless/programs/shpl/index

HUD—Section 811 Supportive Housing for Persons With Disabilities

Section 811 is designed to increase rental opportunities and supportive services for very low-income people who have disabilities and enable them to live independently in the community. The program provides interest-free capital advances to nonprofit organizations to build or rehabilitate rental housing, and offers support services to adults with disabilities and very low-incomes. The advance does not need to be repaid as long as the housing remains available to the specified population for a minimum of 40 years. In addition, the program provides rental assistance to supportive housing residents. Residents pay 30 percent of their adjusted gross income in rent, and Section 811 pays the difference between the monthly-approved operating costs and the rent the tenant pays.

For more information, visit
www.hud.gov/nofa/supernofa/sprprt41

HUD—Section 8 Moderate Rehabilitation for Single Room Occupancy (SRO)

HUD contracts directly with local public housing authorities to fund the rehabilitation of residential properties and develop more standard SRO units for people who are homeless. The SRO program provides rental assistance to people who are homeless and compensates SRO property owners for some of the costs of rehabilitating, owning and maintaining the property.

For more information, visit
www.hud.gov/offices/cpd/homeless/programs/sro/index

HUD/Continuum of Care (CoC)

CoC encourages communities to develop comprehensive plans that address the needs of people who are homeless. Jurisdictions may apply for these funds by submitting CoC plans that demonstrate broad participation by community stakeholders, that identify resources, and that point to gaps in the community's current approach to providing services to people who are homeless.

For more information, visit
www.hud.gov/offices/cpd/homeless/library/coc/index

HUD—Section 8 - Housing Choice Vouchers

Housing Choice Vouchers constitute the federal government's major program for assisting very low-income families, older adults and people with disabilities to obtain decent, safe and sanitary housing in the private market. Participants are free to choose any type of housing that meets program requirements and is not limited to units located in subsidized housing projects.

The federal government determines annually how many vouchers will be distributed; however, to receive Section 8 Vouchers, individual public housing authorities must apply for them. Although vouchers are distributed according to community needs, not enough vouchers are distributed each year to meet the overwhelming demand.

For more information, visit www.hud.gov/offices/pih/programs/hcv/index

HUD—Home Investment Partnership Program (HOME)

HOME provides grants to states and localities to fund activities such as building, buying and rehabilitating affordable housing for rent or ownership, and offering direct rental assistance to low-income individuals and families. HOME is the largest federal block grant, allocating \$1 billion per year to state and local governments. It requires grant recipients to match 25 cents of every dollar in program funds to mobilize community resources that support affordable housing. HOME is designed exclusively to create affordable housing for low-income households.

For more information, visit www.hud.gov/offices/cpd/affordablehousing/programs/home/index

HUD—Public Housing Program

Public housing was established to provide decent, safe rental housing for eligible low-income families, older adults and people with disabilities. HUD administers federal aid to local housing agencies (HAs) that manage housing for low-income residents at rents they can afford. HUD furnishes technical and professional assistance in planning, developing and managing these developments.

For more information, visit www.hud.gov/renting/phprog

HUD Supported Housing Program (HUD-VASH)

HUD-VASH is a joint supported housing program between HUD and the Department of Veterans Affairs (VA). Its goal is to provide permanent housing and ongoing treatment services to veterans who are homeless and who have mental illnesses, substance use disorders or both.

For more information, visit www.va.gov/pressrel/99624.html

CMHS—Projects for Assistance in Transition from Homelessness (PATH)

PATH is a grant program administered by the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration. PATH provides funds to states and territories to offer community-based services for people who are homeless or at risk of becoming homeless.

Providers can use PATH funds to offer essential services such as outreach, screening and diagnostic treatment, community mental health services, case management, alcohol or drug treatment, rehabilitation, supportive and supervisory services in residential settings, and referrals to other needed services. In addition, PATH funding may be used to fund limited housing assistance such as minor renovations and repairs to existing housing, and one-time rental payments to prevent eviction.

For more information, visit www.mentalhealth.org/cmhs/Homelessness/about

¹ National Coalition for the Homeless. Addiction Disorders and Homelessness, Fact Sheet #6, April 1999. www.nationalhomeless.org/addict.html.

² Center for Mental Health Services: Homeless Programs Branch. "Homelessness." www.mentalhealth.org/cmhs/Homelessness/default.asp

³ Mize, Timothy I. and Susan C. Abbott. "Supported Housing: A Brief Review of the Literature." *CONTINUUM*, Vol. 1, No 2, Summer 1996. PP. 103-110.

⁴ Susser, Ezra. M.D., M.P.H., Elie Valencia, J.D., M.A., and Stephen Goldfinger, M.D. Clinical Care of Homeless Mentally Ill Individuals: Strategies and Adaptations. In H. Richard Lamb, Leona L. Bachrach, and Frederic I. Kass (Ed.), *Treating the Homeless Mentally Ill: A Report on the Task Force of the Homeless Mentally Ill*. (PP. 127-140) American Psychiatric Press, Inc. January 1992.

⁵ Mize, Timothy I. and Susan C. Abbott. "Supported Housing: A Brief Review of the Literature." *CONTINUUM*, Vol. 1, No 2, Summer 1996. PP. 103-110.



This document was developed by the National Mental Health Association as part of the Targeted Technical Assistance project of the National Association of State Mental Health Program Directors (NASMHPD) and the Division of State and Community Systems Development (Mental Health Block Grant) of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.